

AP20Rec'd PCT/PTO 12 JUN 2006

Customized FORM PTO-1390 (Rev 07-2005)

U.S. APPLICATION NO. (if known) 10/582715		INTERNATIONAL APPLICATION NO. PCT/FI2003/0007666		ATTORNEY DOCKET NO. P08948US00/DEJ	
The following fees have been submitted:				CALCULATIONS	PTO USE ONLY
<input checked="" type="checkbox"/> 21. Basic national fee (37 CFR 1.492(a))				\$300	
<input checked="" type="checkbox"/> 22. Examination fee (37 CFR 1.492(c))				\$200	
<input type="checkbox"/> Written Opinion or IPER by US indicates all claims satisfy PCT Art. 33(1-4)				\$0	
<input checked="" type="checkbox"/> All other situations				\$200	
<input checked="" type="checkbox"/> 23. Search fee				\$400	
<input type="checkbox"/> Written Opinion or IPER by US indicates all claims satisfy PCT Art. 33(1-4)				\$0	
<input type="checkbox"/> Has been paid on the Int'l Appln. to the USPTO as ISA				\$100	
<input checked="" type="checkbox"/> International Search Report prepared and provided to the Office				\$400	
<input type="checkbox"/> All other situations				\$500	
TOTAL OF 21, 22 AND 23				\$900	
<input type="checkbox"/> SIZE FEE: sheets - 100 = + 50 = (rounded up) x \$250 =				\$	
<input type="checkbox"/> Surcharge of \$130 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e))				\$130	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE		
Total Claims	04 - 20 =	0	X \$50 =	\$0	
Independent Claims	1 - 03 =	0	X \$200 =	\$0	
<input type="checkbox"/> Multiple Dependent Claim(s) (if applicable)				+ \$360 =	\$
TOTAL OF ABOVE CALCULATIONS =				\$900	
<input checked="" type="checkbox"/> Applicant claims small entity status - 37 CFR 1.27. Fees above reduced by 1/2.				\$450	
SUBTOTAL =				\$450	
<input checked="" type="checkbox"/> Petition fee for Revival of this Application				\$1500/\$750	\$ 750
TOTAL NATIONAL FEE =				\$450	
<input type="checkbox"/> Fee for recording enclosed assignment (37 CFR 1.21(h)). Assignment must be accompanied by appropriate cover sheet (37 CFR 3.28, 3.31)				\$40 per property	\$
TOTAL FEES ENCLOSED =				\$1200	
Amount to be				Refunded	\$
				Charged	\$
<input checked="" type="checkbox"/> Payment of \$ 1200 is made by attached Credit Card Payment Form (PTO-2038)					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required (except claims fees if the box below is checked) or credit any overpayment to Deposit Account No. 12-0555.					
<input type="checkbox"/> Do not charge any claim fees now - any additional claims fees will be paid with the Missing Requirements.					
NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.					
POWER OF ATTORNEY & CORRESPONDENCE ADDRESS: CUSTOMER NO. 00881 Date: 12 June 2006			NAME: Douglas E. Jackson REG. NO.: 28,518 Signed (for) by: <i>Douglas E. Jackson</i> REG. NO.: 28,518		

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